

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: <div style="text-align: center; margin-top: 5px;">402201518</div> Date Received:				

### COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>96850</u> 2. Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u> 3. Address: <u>PO BOX 370</u> City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	4. Contact Name: <u>Jeff Kirtland</u> Phone: <u>(970) 263-2736</u> Fax: _____ Email: <u>jkirtland@terraep.com</u>
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5. API Number <u>05-045-24036-00</u> 7. Well Name: <u>FEDERAL</u> 8. Location: QtrQtr: <u>LOT 4</u> Section: <u>17</u> Township: <u>6S</u> 9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	6. County: <u>GARFIELD</u> Well Number: <u>RWF 443-7</u> Range: <u>94W</u> Meridian: <u>6</u>
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### Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>09/06/2019</u>	End Date: <u>09/14/2019</u>	Date of First Production this formation: <u>10/30/2019</u>
Perforations Top: <u>6866</u>	Bottom: <u>9462</u>	No. Holes: <u>315</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
185980 bbls of Slickwater; 1813146 100/Mesh; 5741 gals of biocide		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>186117</u>	Max pressure during treatment (psi): <u>8190</u>	
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.74</u>	
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>15</u>	
Recycled water used in treatment (bbl): <u>185980</u>	Flowback volume recovered (bbl): <u>72419</u>	
Fresh water used in treatment (bbl): <u>137</u>	Disposition method for flowback: <u>RECYCLE</u>	
Total proppant used (lbs): <u>1813146</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>	
Reason why green completion not utilized: _____		

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>10/30/2019</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>2155</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>2155</u>	Bbl H2O: <u>0</u>	GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>2180</u>	Tubing PSI: <u>1979</u>	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1080</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>9203</u>	Tbg setting date: <u>09/19/2019</u>	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes       No      If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_      \*\* Sacks cement on top: \_\_\_\_\_      \*\* Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: anoonan@terraep.com  
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### Attachment Check List

**Att Doc Num**      **Name**

402240319	WELLBORE DIAGRAM
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)